

Application Data Sheet**Application Information**

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| Application number:: | To Be Assigned |
| Filing Date:: | October 21, 2005 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | Activation of Recombinant Diphtheria Toxin Fusion Proteins by Specific Proteases Highly Expressed on The Surface of Tumor Cells |
| Attorney Docket Number:: | 015280-478100US |
| Request for Early Publication:: | No |
| Request for Non-Publication:: | No |
| Total Drawing Sheets:: | 14 |
| Small Entity?:: | No |
| Petition included?:: | No |

Applicant Information

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|--|-------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Stephen |
| Middle Name:: | H. |
| Family Name:: | Leppla |
| City of Residence:: | Bethesda |
| State or Province of Residence:: | MD |
| Country of Residence:: | US |
| Street of Mailing Address:: | 9501 Starmont Rd. |
| City of Mailing Address:: | Bethesda |
| State or Province of mailing address:: | MD |

Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jennifer
Family Name:: Avallone
City of Residence:: Flemington
State or Province of Residence:: NJ
Country of Residence:: US
Street of Mailing Address:: 4 Beehive Lane
City of Mailing Address:: Flemington
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08822

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DK
Status:: Full Capacity
Given Name:: Thomas
Family Name:: Bugge
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 9802 Bristol Square Lane, Apt. 302
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CN
Status:: Full Capacity
Given Name:: Shi-Hui
Family Name:: Liu
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 14516 Settlers Landing Way
City of Mailing Address:: Gaithersburg
State or Province of mailing address:: MD
Country of mailing address:: US
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Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Manuel
Family Name:: Osorio
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State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 4710 Bethesda Avenue, #706
City of Mailing Address:: Bethesda
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Country of mailing address:: US
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Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Customer Number:: 45115

Domestic Priority Information

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|------------------|--|---------------------------------|----------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National State of Claims Benefit of | PCT/US2004/014306 60/468,577 | 06 May 2004 06 May 2003 |

Assignee Information

Assignee Name:: The Government of the United States of America,
as represented by The Secretary of Health and
Human Services; National Institutes of Health,
Office of Technology Transfer

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